



STRATEGIC PLAN

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First 5 Inyo County

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STRATEGIC PLAN

Executive Summary

The California Children and Families Act (also known as Proposition 10 or “First 5”) was enacted in 1998, increasing taxes on tobacco products in order to provide the funds to create a comprehensive and integrated delivery system of information and services to promote early childhood development from prenatal to age 5. Inyo County currently receives approximately \$320,000 a year from these funds, and is eligible to receive additional funds through a statewide School Readiness Initiative. In order to access these monies, the county must adopt a strategic plan that shows how Proposition 10 funding will be used to promote a comprehensive and integrated system of early childhood development services.

First 5 Inyo County, also known as the Inyo County Children and Families Commission (referred to as simply “the Commission” throughout), was created in 1999 to evaluate the current and projected needs of young children and their families, develop a strategic plan that describes how the community needs will be addressed, determine how to expend local First 5 resources, and evaluate the effectiveness of programs and activities funded in accordance with the strategic plan.

The actions of the Commission are guided by a compelling vision of the future sought for Inyo County’s children and the mission of First 5 Inyo County. The vision and mission are:

VISION

All Inyo County children will thrive in supportive, nurturing and safe environments, enter school healthy and ready to learn and become well-adjusted contributing members of society.

MISSION

Recognizing that current research in brain development of young children indicates that the emotional, physical and intellectual environment in which a child grows up is critical to that child's development, First 5 Inyo County is committed to building communities that support and insure healthy children, strong families and children learning and ready for school.

In order to fulfill its vision and mission despite relatively limited resources, the Commission has adopted a very strategic, targeted approach to using First 5 funds. After conducting a thorough assessment of community needs and existing resources, the following four strategic results were adopted as the top priorities for First 5 Inyo County:

1. Children 0-5 receive timely and adequate oral health services to prevent, detect and treat dental caries.
2. Children 0-5 are safe from abuse and neglect from their parents and caregivers.
3. Parents and caregivers have the knowledge and skills needed to support the developmental needs, including early literacy, of children 0-5.
4. Children 0-5 have access to high-quality early care and education.

These issues were identified as the best opportunities to improve the health, development and well being of young children based on information from face-to-face interviews with 275 households, compilation of the key findings from 21 different studies and surveys completed in the past three years for Inyo County, and analysis of data about Inyo County from public sources such as the U.S. 2000 Census, California Department of Health Services, and California Department of Education.

Parents, teachers, early care and education professionals, and health and human service providers gave extensive input regarding which issues are the most important. A series of focus groups were conducted with educators and health and human service professionals, asking participants to discuss and rank the importance of various issues. 13 focus groups were held throughout the county, involving a total of 123 participants.

Parents and other community members were also surveyed and asked to prioritize issues. 63 survey responses were received. Finally, two public meetings were held by the Commission to discuss the options and make decisions about the priorities for First 5 Inyo County and the strategies that will be used to achieve the desired results.

Two types of strategies will be used to make a measurable positive impact in the four priority areas of oral health, child abuse and neglect, parenting knowledge and skills, and early care and education. The first type consists of integrated strategies that will make a difference in multiple priority areas. The integrated strategies that will be used are:

- ❖ *Home visits* will be conducted by trained community members working together with health and social service professionals, bringing information and services directly to the homes of families with young children. The home visits can provide education and support on topics linked to the top priority areas such as preventing tooth decay, understanding of child development stages, positive discipline, the importance of reading to young children, selection of quality child care settings, and other parenting skills.
- ❖ *School readiness programs* are partnerships between schools, early care and education providers, health services, parenting and family support services, and other services to better prepare children to enter kindergarten ready to learn. These programs use special funding from the California Children and Families Commission, whose guidelines were used to select Lone Pine and Big Pine as the locations for school readiness programs. In these communities, school readiness programs can be a platform for addressing the top priority results described in this plan while also achieving other positive results such as improved academic performance of children in kindergarten and beyond.

The other set of strategies are targeted strategies intended to address a specific issue. To improve the oral health of young children, First 5 will seek to increase the capacity of dental services, link oral health with existing health and social services, and educate the public about oral health in the early years of life. Reduction in child abuse and neglect will be aided by training and supporting professionals and paraprofessionals on dealing with child abuse and neglect, and by building and strengthening informal community networks that provide support to parents. Early care and education will be enhanced by providing targeted training and support to informal child care providers such as family members, relatives, neighbors, and other people who are not licensed child care professionals but do provide regular child care.

As of July 1, 2002, the First 5 Inyo County trust fund had a net fund balance of \$564,132. Almost \$375,000 has already been committed to programs and services for children and families in the fiscal year 7/1/2002 – 6/30/2003 and beyond.

A five-year financial forecast has been developed to help manage resources effectively. The forecast shows that the amount of Prop 10 money coming to Inyo County will drop significantly starting July 1, 2004 because special funding support to rural counties provided by the California Children and Families Commission will end. First 5 Inyo County will therefore actively pursue partnerships with other community-based organizations to attract new sources of funding for children and family services, to leverage funds in order to get as much value as possible from available resources, and to sustain services that are initially launched with Prop 10 funding.

Background

Proposition 10 – The Children and Families Act of 1998

In November 1998, California voters passed Proposition 10, the "Children and Families Act of 1998" initiative, which then became effective on January 1, 1999. The act levies a tax on cigarettes and other tobacco products in order to provide funding for early childhood development programs. The ultimate goal is to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. Revenues generated from the tobacco tax are used to:

- Create a comprehensive and integrated delivery system of information and services to promote early childhood development;
- Provide funds to supplement existing community services or to establish new services that focus on parenting education, child health and wellness, early child care and education, and family support; and
- Educate Californians via a statewide multimedia campaign on the importance of early childhood development and smoking cessation.

Tobacco tax revenues are accumulated in a designated trust fund to meet the needs of children ages prenatal to 5 throughout the state. In 2002, almost \$600 million will be placed in this trust fund. 80% of these funds are then allocated to the 58 counties of the state according to the live birth rate of each county. The remaining 20% of the money is directed to statewide programs, research, and media campaigns.

Proposition 10 is premised on new information about brain development. Young children learn and grow because of the key role their parents or caregivers play in their development. Although a wide range of individuals and institutions impact the health and well being of young children, the role of parents is paramount. Parenting is much more important between the ages of birth to five than we once believed. By providing

children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years.

The Inyo County Children and Families Commission was created in 1999 by the Inyo County Board of Supervisors, according to provisions of the Children and Families Act of 1998, to carry out the work of Proposition 10 in the county.

Implementation of Proposition 10 (First 5) in Inyo County

Excellent progress has been made with implementing Proposition 10 in Inyo County. Key milestones from the first three and a half years of First 5 activities within the county are listed below.

- ❖ The period from mid-1999 to late- 2000 was spent developing the initial strategic plan. An inclusive planning process was followed that involved an assessment of community needs, community forums conducted in three regions of the county to gather public input on priorities, a survey of daycare providers and preschool teachers/staff, a media campaign to raise awareness of the Commission's activities, and numerous public meetings where the Commission worked with health and human service professionals and other community members to create the strategic plan. The first plan contained four overall goals:
 1. **Safe and Supportive Communities.** The Commission's funding will engage the community to work together and provide safe and nurturing environments for our children.
 2. **Healthy Children.** All families should have access to high quality, dependable and affordable health care and child care services.
 3. **Children Learning and Ready for School.** Families with children 0-5 years of age should have access to all resources that enable their children to develop optimally and begin kindergarten at readiness level.
 4. **Stable Families.** Through education, information, services and support, all families will have the necessary tools to provide a stable environment for their children.
- ❖ The initial strategic plan was modified slightly in 2001 and guided the Commission's efforts for the next two years. Once the plan was adopted, it was necessary to build an operating structure capable of implementing the plan as well as fulfilling the many requirements of state laws that govern the work of First 5. Several months were therefore invested in creating processes to allocate funds to programs, execute contracts with funded programs, evaluate the results

of funding decisions, and prepare mandated reports to the state-level California Children and Families Commission.

- ❖ From March 2001 to June 30, 2002, the Commission expended over \$259,000 in funding for programs and services to assist children and families. These services included:
 - Project REACH (Resources, Education, Advocacy, Education, Health) promotes the healthy development of children (0-5 years) and their families through a continuum of services including home visits to distribute information to parents, assess family needs, and make referrals to community resources. The program works at a grass-roots level to develop the capacity of individual communities by identifying local “partners” who work with communities to identify, plan, and create activities that will meet specific community needs for children and families. Funding for this project has also been approved for two additional years, covering July 1, 2002 through June 30, 2004.
 - The Commission partnered with the Local Child Care Planning Council to implement a Retention Incentives for Early Care and Education Providers program that provided incentives to 37 early care and education workers for meeting professional development goals. This program helps improve the quality of child care while also providing income supplements to keep trained people in the early care and education field.
 - A resource library/center was developed with County Health and Human Service programs to provide information, educational materials, and support to families, child care providers, educators, employees, and any other interested community members.
 - Beyond Our Backyard provided a comprehensive collection of new and expansion childcare and development services, along with child and family activities. One aspect of this program included activities and play-days for targeted low-service areas, reaching the most remote communities of Death Valley, Tecopa, and Shoshone.
 - With First 5 support, the Heart To Hand Family Resource Center was able to expand its services for families of children with disabilities and special needs to reach 3-5 year old children.
 - The Southern Inyo Child Care Education Program addressed a need to promote safety and well being of zero to five year old children when in the care of non-professional babysitters or family members.

- ❖ Many of the programs and services listed above have been continued into 2003 through a combination of Commission and other funding. In addition, a mini-grant process was completed that provided small grants of up to \$2,000 for agencies and people working with young children to purchase supplies and equipment that will help improve their services to children and families. 16 mini-grants totaling \$25,586 have been approved to date.
- ❖ Numerous state level changes have provided extra funding to Inyo County over the past two years. The county received only \$200,000 per year of total funding for First 5 activities when the initial strategic plan was adopted. This has since been augmented with over \$120,000 of annual operational support funding, extra state funds to match local investments in child care worker training and retention, and most recently a statewide School Readiness Initiative that makes \$500,000 available to Inyo County over a four-year period to create a comprehensive, integrated approach to preparing young children to succeed in school. Other resources have also been made available to First 5 Inyo County by state-level organizations, such as free technical assistance and a Kit for New Parents containing videos and other materials that First 5 can distribute to parents of young children within the county. Through the efforts of Project REACH, over one-third of families in Inyo County with children zero to five years old have already received a Parent Kit.

Process for Developing the 2003 Strategic Plan

The strategic plan itself is a requirement of state law under California Health and Safety Code Section 130140. More than that, however, it is a blueprint for the continued implementation of First 5 in Inyo County through a coordinated effort of service providers, funding sources, and other community resources.

Conditions are very different today than when the first plan was adopted in 2000. More money is available, yet it has also become clear that First 5 funds are not sufficient to measurably impact all 12 primary indicators or priority areas contained in the initial strategic plan. New opportunities have emerged such as the state School Readiness Initiative to promote comprehensive approaches to partner with schools in qualifying communities to ensure that children reach kindergarten healthy and ready to learn. Valuable experience has been gained from First 5-sponsored programs like Project REACH.

As a result of these factors, the Commission decided in April 2002 that it was time to reconsider all aspects of the strategic plan in order to better focus First 5 resources on the most important priorities – to have a large impact on a few top priority issues rather than having a lesser impact on many areas – while also taking advantage of new local and state-level resources that have emerged. A thorough process was then conducted

from May 2002 to February 2003 to revise the strategic plan. The steps in the process were:

1. **Gather updated information on community needs.** A strong effort was made to get current, reliable information about the health and well being of young children and their families. This effort included seeking information on gaps in existing services for children and families, and challenges faced by families in trying to access existing services. Information was obtained through:
 - Face-to-face structured interviews conducted by the REACH partners with 275 households, covering 381 children residing in those households, to gather data on a broad range of issues.
 - Compilation of the key findings from 21 different studies, surveys, and other reports completed in the past three years for Inyo County on specific issues such as child care, medical and dental care, child abuse, teen pregnancy, economic conditions, tobacco use, and other issues.
 - Analysis of data about Inyo County from public sources such as the U.S. 2000 Census, California Department of Health Services, and California Department of Education.

The REACH partners have completed face-to-face interviews with over 100 additional households since the completion of the community assessment phase of the strategic planning process, which will provide further information for future use.

2. **Map informal community assets.** Every community has strengths and resources, assets that often go unnoticed until people spend the time to truly get to know the community. Key among these resources are the numerous groups and associations where people come together to pursue common interests, support each other, and serve the community. Many of these groups have a direct effect on the lives of children and families; just a few examples are Boy Scout and Girl Scout troops, sports leagues, playgroups, parent groups, church groups, parent-teacher organizations, and service clubs. Recognizing that these local associations and informal groups can be powerful allies in implementing community-based strategies to support young children, First 5 Inyo County and the REACH partners worked together to gather information about local groups and associations throughout the county.
3. **Obtain broad public input on priorities.** The information on community needs identified a set of issues that appeared to be particularly significant in affecting the health and well being of Inyo County's children. Using this information as a starting point, an extensive outreach process was conducted to get input from

parents, teachers, early care and education professionals, and health and human service providers regarding which issues are the most important. Public input was obtained in two ways. First, a series of focus groups were conducted with the Board of Supervisors, educators and health and human service professionals, and community groups asking participants to discuss and rank the importance of various issues. 13 focus groups were held throughout the county, involving a total of 123 participants. Second, parents and other community members were surveyed and also asked to prioritize issues. 63 survey responses were received.

4. **Select top priority results to be achieved.** A public meeting was conducted by the Commission to review the feedback from the public input process, evaluate the potential strategic results that First 5 could focus on, and make decisions about which of those potential issues should be targeted as the top priority results to be achieved. The priorities adopted at the meeting are the strategic results described in the “Results to Achieve for Children and Families” section of this plan.
5. **Define strategies.** Extensive research was conducted to identify potential strategies or courses of action that have been proven in other communities to be effective in achieving results within the priority areas selected by the Commission. Another public meeting was then held to review the research findings, discuss what options would work best in Inyo County, and select the specific strategies to be used to achieve the desired results. Choices made at this meeting are shown in the “Strategies for Achieving Results” section of the plan.
6. **Develop the fiscal plan.** A long-range financial plan was developed to show how First 5 resources could be used to attract additional funding, how resources could be invested in achieving results for children while also meeting all of the mandates imposed on the Commission by state law, and how funding for programs and services could be sustained long enough to have a measurable impact on children and families. The “Resource Allocation” section of the plan contains the information and decisions produced from this step.
7. **Obtain public input on the complete strategic plan.** Once the entire strategic plan was drafted and reviewed by the Commission, it was released for public input. A public hearing was then held to review public input.

This document summarizes the key findings and decisions that resulted from the planning process. Additional documents are also available from the First 5 Inyo County office with more detailed information produced during the planning process such as the REACH survey results, the complete analysis of community demographics and needs, the assessment of informal community resources, and the results of focus groups and surveys conducted to gather public input on potential priorities.

Community Needs and Resources

As noted in the previous section, an extensive effort was made in the summer of 2002 to gather current, useful information about the challenges facing young children and their families as well as to learn more about resources available in Inyo County's communities.

The assessment of community needs covered a broad range of issues including medical and dental health, education, economics, safety, child care, and children with disabilities and other special needs. Appendix 2 contains a summary of the findings on the full range of issues.

The assessment data was then analyzed to identify the most compelling needs for the Commission to consider addressing with First 5 resources. The top issues that emerged are outlined below.

Issue	Estimated Number of Children Age 0-5 Affected
Health care access. Factors of lack of insurance (10% of children with no health coverage), not enough physicians in general, very limited access to pediatricians outside of Bishop, and existing physicians either not accepting new patients or not accepting Medi-Cal patients combine to make it very difficult for many families to obtain regular health care for their children and family members. Lack of access to or use of health care services can result in reduced use of preventive care such as timely and complete immunizations, delayed diagnosis of health problems, the development of preventable health conditions, or the worsening of existing conditions.	<ul style="list-style-type: none">• 100 children age 0-5 without health insurance.• 240 children age 0-5 in low-income households and 170 in south county may be affected by limited access to physicians.
Prenatal care. Even after years of improvement, 26% of pregnant women in Inyo County are not entering prenatal care in the first trimester of pregnancy as is recommended for optimal protection of the mother and child. The rates are higher among Latino women (45%) and Native American women (44%). Further, 6% of births were to mothers who received inadequate prenatal care, defined as care starting in the third trimester or no prenatal care at all. Getting late or no prenatal care is associated with a greater likelihood of having babies who are born at low birth weights (increasing risks of developmental delays, cerebral palsy and other problems), who are stillborn, or who die in the first year of life.	<ul style="list-style-type: none">• 50 births a year, 250 total children age 0-5 to mothers entering prenatal care after the first trimester.• 12 births a year, 60 total children age 0-5 where the mother received inadequate prenatal care.

Issue	Estimated Number of Children Age 0-5 Affected
<p>Dental care access. Recent surveys show 15-22% of Inyo County residents are without dental insurance, and 40% of households have not received regular dental care. The inability to afford dental care and problems with Denti-Cal not being accepted by Inyo County providers are the two largest barriers to obtaining regular dental care.</p>	<ul style="list-style-type: none"> • 145-210 children age 0-5 without dental insurance. • 385 children potentially not receiving regular dental care.
<p>Child abuse. The number of child abuse reports in Inyo County has been climbing steadily since 1994. The total number of reports for all ages of children rose almost 25% from 1999 to 2001, rising from 443 reports in 1999 to 550 reports in 2001. Even more disturbing, the number of reports involving children age 4 and younger doubled during this period, jumping from 103 in 1999 to 208 in 2001. Inyo County's rate of child abuse reports per 1,000 people is considerably above California averages.</p>	<ul style="list-style-type: none"> • 208 child abuse reports involving children age 4 and younger in 2001, of which 55 were either substantiated or deemed inconclusive.
<p>Child care access and quality. The REACH survey found that 38% of all respondents, and 49% of respondents from Spanish-speaking households, said that child care was neither available nor affordable. A separate study by the Child Care Planning Council found that of those families having difficulties obtaining child care, 30% said it was because care costs too much, 26% expressed concerns over the quality of care available, and 25% said no care was available when they needed it. Access to child care is impacted by capacity constraints. For example, there are 108 licensed child care slots for infants and toddlers (birth to age three) but 536 children in this age range, meaning slots are available for only 20% of this age range. For preschool age children, only 44% of the 482 preschool child care slots are open for full day services, requiring many working parents to use part-day services and find other arrangements to cover the hours when child care is not available. There are only 6 licensed slots offering evening and/or weekend child care.</p>	<ul style="list-style-type: none"> • 420 children age 0-5 in households indicating child care is neither available nor affordable. • 220 people on waiting lists for subsidized care. • All children receiving child care, whether in licensed care settings or unlicensed informal care, can be affected positively or adversely by the quality of care being delivered.
<p>Exposure of young children to tobacco smoke. In the new REACH survey, 10% of mothers said they smoked during pregnancy. In a separate survey, 16% of respondents indicated they have no smoking restrictions around children inside their homes. Inhalation of secondhand smoke increases children's risk of developing pneumonia, bronchitis, and other lung diseases, and also puts children at an increased risk of asthma attacks and ear infections. Studies prove that secondhand smoke is particularly harmful to young children and children with asthma. Children of smokers are also more likely to become smokers as adults.</p>	<ul style="list-style-type: none"> • 20 newborns a year affected by smoking during pregnancy, total of 100 children age 0-5. • 155 children age 0-5 regularly exposed to secondhand smoke.

Issue	Estimated Number of Children Age 0-5 Affected
<p>Early literacy support. Numerous studies have demonstrated that reading to children during their early years is an important factor in building the language and literacy skills essential for success in school. However, the REACH survey has shown that nearly one-quarter (21.6%) of children in households surveyed have only been read to once a week or less in the last three months. The survey further showed that regular reading to young children (defined as reading 5 or more times each week) occurred in only 20% of Spanish-speaking households as compared to 57% of English-speaking households, while reading occurred 1 or fewer times per week in 37% of Spanish-speaking households and in 14% of English-speaking households.</p>	<ul style="list-style-type: none"> • 175 children most affected, being those read to 1 or fewer times a week, estimated at 85 Latino children age 0-5 and 90 children in English-speaking households.

Other potentially significant issues identified in the community assessment and considered during the strategic planning process were partnering with parents to enhance their parenting knowledge and skills, addressing drug and alcohol addiction among parents of young children, and providing targeted support to single-parent households.

Recognizing that First 5 resources are not sufficient to tackle all of these challenges, the Commission gathered extensive community input on these issues and selected four of them to target in the coming years. The next section of the plan, “Results to Achieve for Children and Families,” presents the conclusions that were reached.

The communities in Inyo County also have many strengths and assets that make them excellent places to raise children. Key among these resources are the numerous groups and associations where people come together to pursue common interests, support each other, and serve the community. First 5 Inyo County and the REACH partners set out in the summer of 2002 to identify these local associations and groups.

To date, almost 100 different clubs, associations, and informal community groups were found in Inyo County, covering a broad range of purposes including arts and entertainment, health, education, parenting, seniors, veterans, service clubs, youth, recreation, sports, and religion. Roughly half of these are in the greater Bishop area, one-third in Lone Pine / Olancho / Cartago, about 15% in Big Pine and Independence, and less than 10% in Death Valley / Shoshone / Tecopa.

Many local groups already target children and families as their primary audience. A total of 38 groups and resources were identified that focus on education, parenting, children/youth sports and youth in general, with at least two such groups in every geographic area. Roughly half of these groups appear to specifically include activities or support for children 0-5 and their families. Numerous other groups were identified that are not specifically devoted to children and families issues but could still be

excellent partners in implementing strategies to help young children. For example, service clubs are often willing to assist with projects they believe to be worthwhile to the community and that fit within their structure and resources.

Using the adage that “it takes a village to raise a child,” these local associations and informal groups can be powerful allies in implementing community-based strategies and achieving lasting results for children.

Results to Achieve for Children and Families

For First 5 to have a lasting effect on the well being of children in Inyo County, a concentrated effort must be made over multiple years. It is necessary to focus resources in a consistent way, and give that direction enough time to really have an impact. The planning process provided clear direction regarding how First 5, working together with many partners throughout the county, could make the greatest difference in realizing the vision of all children thriving in supportive, nurturing and safe environments and entering school healthy and ready to learn. The following four strategic results have therefore been adopted as the top priorities for First 5 Inyo County:

1. Children 0-5 receive timely and adequate oral health services to prevent, detect and treat dental caries.
2. Children 0-5 are safe from abuse and neglect from their parents and caregivers.
3. Parents and caregivers have the knowledge and skills needed to support the developmental needs, including early literacy, of children 0-5.
4. Children 0-5 have access to high-quality early care and education.

The importance of each of these strategic results is summarized below, along with the public input received about each issue.

Oral Health of Young Children

The Issue Statewide and nationally, dental caries are the most common chronic disease of childhood, occurring nearly five to eight times more frequently than asthma, the second most prevalent chronic disease in children. Virtually all of these dental problems are preventable.

Lack of proper dental care, and insufficient public understanding of the dental care needs of young children, is a major problem in Inyo

County. Recent surveys show that 40% of Inyo County households have not received regular dental care. The 2002 REACH survey alone found 207 children age 0-5 that are not receiving regular dental check ups out of only 275 households surveyed. The REACH survey also showed that inadequate dental care is not limited to low-income households but affects all income levels throughout the county.

Untreated dental caries can lead to severe toothaches, destruction of bone, and spread of infection via the bloodstream. They can also affect a child's eating habits and nutrition. The pain and infection caused by dental caries can lead to problems in speaking and attention in school. Other studies have shown that chronic dental problems in children can adversely affect self-image, school attendance, and school performance.

Public Input 40% of parents and other community members surveyed identified dental care as a major concern, ranking it as one of the top three issues. Dental care and oral health awareness was also the only issue that was consistently identified as a high priority in virtually all of the focus groups conducted during the planning process, and was ranked as the number 1 or 2 issue in several focus groups.

Child Abuse and Neglect

The Issue The number of child abuse reports in Inyo County has been climbing steadily since 1994. Further, the rate of reports is considerably above California averages, reflecting a significant problem. In 1999 there were 443 total child abuse reports, with 103 reports involving children age 4 and younger. In 2000 there were 467 total child abuse reports, of which 161 involved children age 4 and younger. In 2001 this grew to 550 total child abuse reports, with 208 reports related to children age 4 and younger. The number of reports is the best available indicator of the actual rate of abuse and neglect, since not all reports involve actual abuse but at the same time not all actual abuse is reported. As a point of comparison, out of the 208 reports in 2001 involving children age 4 and younger, 55 were either substantiated as actual abuse/neglect or were investigated and classified as "inconclusive" (evidence of a problem was found but abuse could not be conclusively proven or disproven). The breakdown of child abuse reports by type of incident in 2001 was 55% neglect, 17% physical abuse, 16% mental abuse, 5% sexual abuse, and 7% other issues.

Child abuse can result in injuries and, at its most extreme, can result in death. Child abuse and neglect is also directly linked to psychological issues in children such as aggression, depression, and posttraumatic stress disorder. Among other effects, these deficits can impair a child's ability to make and keep friends; poor peer relations are associated with later emotional and mental health problems, dropping out of school, and delinquency.

Abused and neglected children show deficits in learning such as low academic achievement, learning impairment, difficulty concentrating, difficulty in schoolwork, reduced verbal and motor skills, and attention-deficit disorders. In addition, neglected and abused children tend to have lower grades, standardized test scores, and rates of grade promotion.

Public Input Child abuse and neglect was identified as a major concern in six different focus groups held during the planning process, and was ranked the most important issue in two focus groups involving a total of 46 participants. 19% of parents and other community members surveyed identified child abuse and neglect as a major concern.

Parenting Knowledge and Skills

The Issue A number of issues noted in the community assessment are rooted in the importance of increasing parent and caregiver understanding of child development milestones, and how parents and caregivers can support optimal development of young children. Examples of such issues include:

- Numerous studies have demonstrated that reading to children during their early years is an important factor in building the language and literacy skills essential for success in school. However, the REACH survey has shown that nearly one-quarter of children in households surveyed have only been read to once a week or less in the last three months.
- Early detection of developmental delays or disabilities can make a huge difference in the long-term quality of life of children with disabilities and other special needs, but such detection often depends on an awareness by parents of what constitutes "normal" development.
- The high rate of child abuse and neglect is evidence of the need for greater understanding of positive discipline methods and, for parents struggling with drug or alcohol addiction, how to avoid harming their children despite the addiction.

Public Input Several of the focus groups identified the need for greater parent education as a top priority issue. Individual survey respondents also frequently identified parenting skills and education as a top priority concern/issue. Further, 44% of survey respondents identified reading exposure for young children as a major concern, making it the most frequently identified issue from the First 5 public input survey.

Access to Quality Early Care and Education

The Issue The REACH survey found that 38% of all respondents, and 49% of respondents from Spanish-speaking households, said that child care was neither available nor affordable. Access to child care is impacted by both cost and capacity constraints. For example, there are licensed child care slots for only 20% of infants and toddlers (birth to age three) in the county. Not surprisingly, the REACH survey also showed that 54% of parents in Inyo County are using various forms of informal care (family members, relatives, neighbors, and other license-exempt providers) instead of licensed child care providers.

The type and quality of child care and education in the early years can make a lasting impact on the lives of children – and on the communities in which they live. One recent study that followed the lives of 1,400 children over a 15 year period found that, compared to their peers, at-risk children who attended quality child care programs as preschoolers are 33% less likely to be arrested as juveniles, 42% less likely to be arrested for violent crime 40% less likely to lose a grade in school, and 29% more likely to complete high school.

Public Input 41% of parents and other community members surveyed identified child care as a major concern, ranking it as number two issue on the First 5 public input survey. Child care was also noted as a major issue in almost every focus group, and was specifically ranked as one of the top three issues in three different focus groups involving a total of 61 participants.

Strategies for Achieving Results

Strategies are the types of programs, services and projects to be pursued in order to achieve the desired results. For Inyo County, the strategies adopted in this plan are

rooted in three fundamental beliefs. First, there are clear interrelationships between the results to be achieved – for example, improved parenting skills can also lower the rate of child abuse and neglect – that create opportunities to use integrated strategies that address multiple issues rather than approaching each issue in isolation. Second, strategies must involve the communities as active partners and strengthen communities in the process. Third, the most effective approach is to go to parents, caregivers, and service providers to engage them in finding unique solutions rather than expecting people to know about, find and utilize family support services on their own.

The strategies that will be used to make a measurable positive impact in the four priority areas of oral health, child abuse and neglect, parenting knowledge and skills, and early care and education are described below along with characteristics of how each strategy should be implemented to work best in Inyo County. Each strategy is based on approaches that have been proven through research and practical experience to be effective in achieving the kind of results sought for Inyo County.

Strategy	Characteristics
<u>INTEGRATED STRATEGIES: Strategies that address multiple priority areas</u>	
<p>1. Home visiting. Home visiting is a strategy where information and services are brought to the homes of families with young children, often using a target number of recurring visits over a defined time period, rather than expecting families to seek out available services. The home visits are expected to explicitly provide education and support on topics linked to the top priority areas, including but not limited to preventing tooth decay, understanding of child development stages, positive discipline, the importance of reading to young children, selection of quality child care settings, and other parenting skills.</p>	<ul style="list-style-type: none"> • The emphasis will be on training and supporting community members to conduct home visits as paraprofessionals, using community building approaches such as the current REACH project and the Promotoras model. • Home visits should start as early as possible during the prenatal stage, such as when a pregnancy is detected or after prenatal health care is initiated. • A network of health and human service professionals will be identified and trained to assist the paraprofessionals with specific family needs and to conduct professional home visits when necessary. • A case management model will be used to communicate between providers and coordinate services for individual families. • First 5 will identify agencies that are already conducting home visits and work to coordinate with existing services where possible.

Strategy	Characteristics
<p>2. School readiness programs. To improve the ability of families, schools and communities to prepare children to enter kindergarten ready to learn, a statewide effort called the School Readiness Initiative was created by the California Children and Families Commission. Up to \$500,000 is available to Inyo County over a four-year period to create comprehensive school readiness centers or programs. State guidelines dictate that, based on elementary school Academic Performance Index (API) scores, at least 80% of these funds must be targeted to the greater Lone Pine area and up to 20% may be directed to Big Pine. In these communities, school readiness programs can be a platform for addressing the top priority results of First 5 Inyo County described in this plan while also achieving other positive results such as improved academic performance of children in kindergarten and beyond.</p>	<ul style="list-style-type: none"> • Per state guidelines, each school readiness center or program must include each of the following five elements: <ul style="list-style-type: none"> ✓ Early care and education, including support to help children transition into kindergarten ✓ Parenting and family support services ✓ Health and social services ✓ Capacity of schools to prepare children and families for school success ✓ Effective administration of the program, including the ability to measure its impact • Families, school district and elementary school staff (general and special education) and formal and informal early care and education providers, must be involved in the creation and oversight of the school readiness centers/programs. Other partners such as child and family-serving agencies, neighborhood organizations, and businesses will also be sought.
<p><u>ADDITIONAL STRATEGIES TO IMPROVE ORAL HEALTH</u></p>	
<p>1. Increase service capacity for prevention, detection and treatment of dental caries. More trained people are needed in Inyo County to do basic oral exams of young children, provide preventive care such as fluoride varnishes, detect more serious dental problems, and treat those problems. This strategy therefore emphasizes recruitment and, where necessary, training of professionals and paraprofessionals to offer a continuum of oral health services.</p>	<ul style="list-style-type: none"> • One aspect of this strategy is to use mechanisms such as obtaining Dental Health Professional Shortage Area status to attract more dentists to Inyo County that are able to treat young children. • Another aspect of this strategy is to evaluate other methods of increasing access to oral health services that do not depend on securing more dentists. Options that will be considered include training of paraprofessionals to conduct basic oral screenings, use of teledentistry technology to link to pediatric dentists outside of Inyo County, and use of mobile dental vans to provide screening and preventive care services around the county.

Strategy	Characteristics
<p>2. Link oral health with existing services. This strategy calls for adding an oral health component to health and human services already been delivered. For example, basic dental screening and dental information and referral services can be provided during well-baby and well-child medical care and immunization visits. The goal is to educate both parents and providers about the importance of early childhood oral health, and to link families to available services.</p>	<ul style="list-style-type: none"> • Training and informational materials must be delivered to existing service providers to increase their awareness of the importance of oral health for young children and to seek their involvement in delivering information to parents. • Physicians, nurses, WIC, Head Start and other early care and education programs, prenatal care and birthing programs, and formal and informal child care providers can be targeted with this outreach. • A case management approach is desirable, and particularly for families where a child has an acute dental problem to be treated.
<p>3. Educate the public about oral health for young children. Various forms of media and outreach can be used to increase public awareness of proper oral hygiene for young children and specific actions that parents can take to prevent dental caries for their children, such as limiting exposure to sugary liquids like milk and juice in baby bottles.</p>	<ul style="list-style-type: none"> • The bulk of the education of parents about oral health issues is expected to occur through home visits and the preceding strategy to link oral health with existing services, but the Commission will assess the effectiveness of these actions to determine if extra investments are needed in public education related to oral health issues.
<p><u>ADDITIONAL STRATEGIES TO REDUCE CHILD ABUSE AND NEGLECT</u></p>	
<p>1. Train and support professionals and paraprofessionals on dealing with child abuse and neglect. Education, health, and human service professionals should receive specialized training about the importance of child abuse and neglect, detecting possible abuse/neglect, and dealing effectively with situations where abuse or neglect is suspected. This training should also be provided to the paraprofessional home visitors and other paraprofessionals working actively with families with young children.</p>	<ul style="list-style-type: none"> • The training should include specific guidance on how to deal with difficult family situations, and how to educate parents with drug or alcohol addictions about ways to avoid harming their children despite their addictions. • Case management models will be used to coordinate efforts among professionals and paraprofessionals involved with a family.

Strategy	Characteristics
<p>2. Build/strengthen informal community support networks. Informal community ties and kin can play a crucial role in preventing child abuse and neglect and helping families resolve their child-rearing problems. Outreach efforts can educate people about the extent and impact of child maltreatment, warning signs of abuse and neglect, and supports available to parents and families. Outreach can also promote development of peer support linkages, where caregivers can call upon and support each other during times of stress.</p>	<ul style="list-style-type: none"> • Outreach efforts should reach parent groups, play groups, church groups, formal and informal child care providers, school groups like the Parent-Teacher Associations, and other such places “within the community” where parents connect with their peers.
<h3><u>ADDITIONAL STRATEGIES TO IMPROVE PARENTING KNOWLEDGE/SKILLS</u></h3>	
<p>The home visiting program and other strategies described in this plan will be used as platforms to enhance parent knowledge and skills in an integrated way, rather than adopting stand-alone parent education strategies. For example, education of professionals sponsored by First 5 Inyo County will include information about what is required for effective parenting skills. Distribution of the Kit for New Parents provided by First 5 California will also help.</p>	
<p>Rather than identifying unique strategies, the following characteristics will be built into First 5-funded programs where appropriate in order to strengthen support for parents.</p>	
<ul style="list-style-type: none"> • Provide a multitude of ways to reach parents, flexibly reaching parents in a place and format that best fits their attitudes and needs. • Maintain cultural sensitivity, recognizing that many cultures represented in the county have varying methods of rearing their children. • Integrate parenting support for children with disabilities and other special needs. • Use collaborative, equal relations between parents and program staff in which the intent is to empower parents in their child-rearing roles; for example, parents can initiate open-ended discussions of topics of greatest interest to them as opposed to having a largely one-way flow of information from staff to parent. • Maintain a balanced focus on the needs of both parent and child, rather than focusing exclusively on one or the other. • Use experiential approaches where parents receive new information, have techniques and behaviors modeled for them, have opportunities to use the new information in their own child rearing, and then can discuss and reinforce their learning. • Give parents access to formal and informal support networks to address questions and issues that arise during the course of “real life” parenting. • Break down barriers to participation in parent education activities by offering evening and weekend programs, child care, transportation assistance, and other such supports. 	

Strategy	Characteristics
<u>ADDITIONAL STRATEGIES TO ENHANCE EARLY CARE AND EDUCATION</u>	
<p>1. Provide training, outreach and support for informal care providers. As noted earlier, over half of all parents in Inyo County are using various forms of informal care (family members, relatives, neighbors, and other license-exempt providers) instead of licensed child care providers. A strong support network exists for licensed providers but virtually no support exists for informal care providers, despite national studies showing that 50% of unregulated homes providing child care services were judged to be of substandard quality. The greatest opportunity for First 5 to have an impact on early care and education is thus to support informal care providers in offering safe, stimulating environments that promote the health and learning of young children in their care.</p>	<ul style="list-style-type: none"> • One-on-one technical assistance and support, such as through home visits, must be offered to informal care providers rather than asking the providers to come to an event. • This strategy should be linked to the broader home visiting program and efforts to build/strengthen informal community support networks described earlier in the plan. The overall intent is to see who families are already going to for support, and connect with those individuals and groups. • At the same time support is being given to informal care providers, options can be explored to develop more flexible and seasonally-available child care services to help address one of the major reasons why informal care is being elected. In Lone Pine and Big Pine, this can include linking with the school readiness program.
<p>2. Explore involvement of employers in child care issues. Workers facing child care problems are prone to using sick time or even to leave the work force in order to resolve those problems, resulting in significant costs to employers in lost productivity and employee turnover. This creates an opportunity to involve employers as partners in enhancing child care services.</p>	<ul style="list-style-type: none"> • The starting point will be to use a survey or other means to understand employer's needs and perspectives related to child care for their employees. The insights gained can then be used to initiate discussions with employers about possible solutions and to educate employers of the importance and economic impact of child care.

State law enacted by Proposition 10 also specifies, "no county strategic plan shall be deemed adequate or complete until and unless the plan describes how programs, services, and projects relating to early childhood development within the county will be integrated into a consumer-oriented and easily accessible system." The strategies described above, and the ways in which those strategies are implemented, will promote a consumer-oriented and easily accessible system of early childhood services in a number of important ways.

- ❖ Home visits will bring information and services to families, educate parents about other services and supports available in the community, and help link families to those services and supports.
- ❖ Services will be provided in a culturally and linguistically competent manner.
- ❖ Personnel serving young children and their families will receive training that includes cross training on issues outside of their specialty, improving the ability of service providers to work together.
- ❖ Case management models will be applied where appropriate to improve the coordination of services on behalf of families.
- ❖ In the communities where school readiness programs are developed, those programs must be comprehensive approaches that integrate early care and education, schools, parenting and family support services, and health and social services.

Evaluation of Results

In the context of this strategic plan, evaluation refers to the process and methods by which the Commission and community stakeholders can assess the degree of progress made toward achieving the results described in this plan as well as assess the effectiveness of funding allocation decisions. A formal evaluation process and written report must be completed at least once each year in compliance with state law.

An “**indicator**” is defined as a specific process or performance measure – a statistic – that can be used to determine whether a goal is being achieved. Indicators are a vital part of the evaluation process. Two types of indicators are utilized. ***Result indicators*** are the measurements that will be used to determine the extent to which the ultimate results or outcomes sought for children and families are being achieved. ***Activity indicators*** are measures that show the extent to which the strategies are being successfully implemented. Upon adoption of the strategic plan, indicators will be selected for use in measuring success in achieving the four strategic results.

Elements of the evaluation approach to be used for First 5 activities include:

- Development of a system with agencies or contractors to collect data specified as indicators within the strategic plan and other data necessary to measure program costs and benefits.

- Creation of a system to gather baseline data for comparison purposes, monitor ongoing data collection activities, and ensure feedback to the Commission on a regular basis.
- Training of staff in data collection procedures.
- Compliance with evaluation procedures and indicators mandated by the California Children and Families Commission.

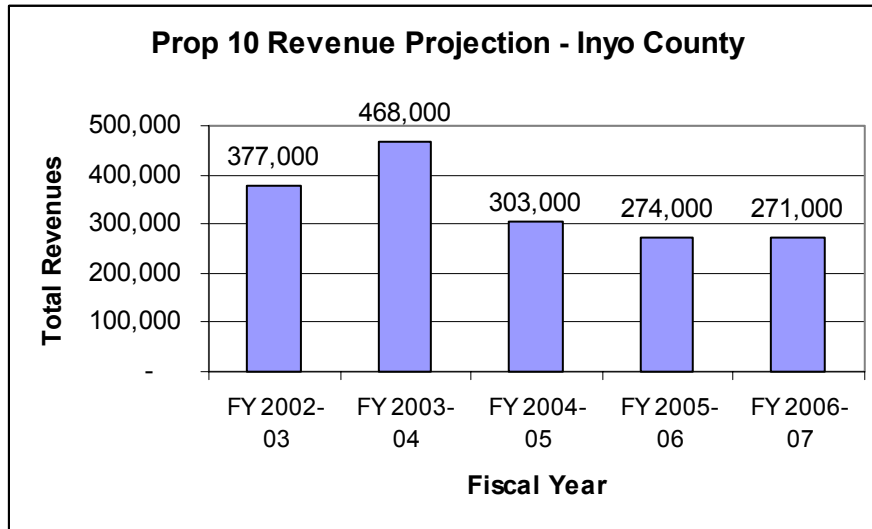
Inyo County is participating in a six-county collaboration, working with the Applied Research Center at CSU Bakersfield and other evaluation experts, in order to develop and implement the infrastructure to evaluate the progress and results of First 5 investments.

Resource Allocation

Financial Forecast

As of July 1, 2002, the First 5 Inyo County trust fund had a net fund balance of \$564,132. Almost \$375,000 of these funds have already been committed to programs and services for children and families in the fiscal year 7/1/2002 – 6/30/2003 and beyond. The challenge becomes how to manage the remaining resources, and new funds allocated to Inyo County through the Prop 10 system, in a way that allows the strategies described in this plan to be successfully implemented and then sustained for a long enough period of time to allow measurable improvements in the well-being of young children to occur.

To help with managing resources, the Commission has developed a five-year forecast of all Prop 10-related revenues. The forecast, which is summarized in the graph below, shows that total Prop 10 revenues are expected to decline significantly starting in fiscal year 2004-05 because of the potential loss of special funding support currently available to rural counties from the California Children and Families Commission. Presently, Inyo County receives a guaranteed minimum allocation of \$200,000 per year regardless of the county's birth rate, plus an additional \$121,778 in support for administrative and travel costs. These guarantees and funding augmentations are scheduled to end on June 30, 2004, after which Inyo County would receive far less funding because the amount of tobacco tax collections allocated to the county will be based entirely on the county's birth rate compared to the overall state birth rate.



Fiscal Strategies and Guidelines

The projected drop in Prop 10 money flowing to Inyo County means that special actions are needed to provide sustainable funding for programs, services and projects that are launched because of this strategic plan. The Commission will therefore seek to continue and increase its partnerships with other local agencies in order to work collaboratively on fiscal matters. Potential fiscal strategies that will be considered include but are not limited to the following:

- ✓ Raise additional funds from sources outside of Prop 10, such as collaborative pursuit of grants from foundations, to increase the amount of money available for programs and services.
- ✓ Submit claims to Federal entitlement programs for home visitation services and other services eligible for reimbursement under the Medi-Cal Administrative Activities (MAA), Medi-Cal Targeted Case Management (TCM) services, and/or Child Health and Disability Prevention's Early and Periodic Screening Diagnosis and Treatment (CHDP/EPSDT) programs.
- ✓ Secure partnerships that can contribute toward the cash match required to obtain state School Readiness funds, instead of using Prop 10 funds to provide the entire cash match.
- ✓ Pursue new public/private partnerships and other types of collaborations that have the potential to attract new resources to implement the revised strategic plan without consuming Prop 10 funds (or by consuming fewer Prop 10 funds).

In compliance with state law, First 5 Inyo County monies will be used only to supplement existing levels of service and/or create new services, and not to fund existing levels of service. No monies from the Children and Families Trust Fund will be used to supplant state or local General Fund money for any purpose.

Conclusion

Early childhood development lays the foundation for success in school, and indeed success later in adult life. There is a compelling need in Inyo County to supplement the many excellent programs and services of existing agencies with targeted solutions to the major challenges facing the county's young children while engaging communities to promote, support, and optimize early childhood development from the prenatal stage to five years of age. This strategic plan represents the next step toward the long-range vision that one day all children in Inyo County will thrive in supportive, nurturing and loving environments, enter school healthy and ready to learn, and become well-adjusted contributing members of society.

Appendix 1: Description of Inyo County

Inyo County is a rural, geographically isolated county located on the east side of the Sierra Nevada mountain range, between the mountains and the California-Nevada border. It is second largest county in California with 10,141 square miles. The county encompasses the deepest valley in North America, the Owens Valley; the highest elevation point in the lower 48 states, Mt. Whitney (14,495'), and the lowest elevation point, Badwater (-282'). 92% of the land is owned by the Federal Government, 3.9% is owned by the City of Los Angeles, and 2.4% by the state. Only 1.7% of the land is under private ownership.

Distance and weather conditions can pose a significant barrier to accessing services, both within the county as well as outside the area. US Highway 395 is the main north-south route, joining many of the communities the length of the county. Families often must travel great distances (1-4 hours) to obtain services that are not available in their community. To the north, the nearest large population centers are Carson City and Reno, Nevada, a 3 ½ hour drive from the northernmost communities in Inyo County. It is at least four hours by car to reach a moderately large city in California.

The primary economic base comes from tourism and service industries, although the government sector is the largest employer, accounting for 33% of all jobs in 1998. Close to 2 million people drive through the county each year to visit Death Valley and Eastern Sierra attractions. The local economy is supplemented by ranching and agricultural businesses. As noted in a 1999 report by the Sierra Business Council, "Inyo County's greatest advantage is the extraordinary richness of its natural capital, from the scenic wonders of Death Valley National Park and Mt. Whitney to the wide open spaces that surround and define each of its unique communities. ... At the same time, good schools and high levels of civic participation point to strengths in social capital that enrich the county today and are essential to its future."

The chart below summarizes key demographic attributes of Inyo County's population.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Total population	17,945 in 2000. (source: US Census 2000)	The total population dropped 1.8% from 1990 to 2000. US Census population estimates for 2001 show virtually no change from the 2000 level.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
<p>Based on location</p> <ul style="list-style-type: none"> • Bishop CCD (census district including Bishop city, West Bishop, and surrounding areas) • Death Valley CCD • Independence CCD (includes Big Pine) • Lone Pine CCD 	<p>Total population, all ages:</p> <p>12,216</p> <p>638</p> <p>2,612</p> <p>2,479 (source: US Census 2000)</p>	<p>In 2000, there were 421 children age 0-4 in the two Bishop census tracts alone and 663 in the Bishop CCD. 128 children age 0-4 lived in the Independence CCD that includes both Big Pine and Independence. 151 children 0-4 lived in the Lone Pine CCD that stretches from Lone Pine to Pearsonville. 19 children 0-4 lived in the Death Valley CCD including Furnace Creek, Shoshone and Tecopa.</p>
<p>Based on age</p>	<p>In 2000, there were 961 children age 0-5, representing 5.4% of the total population</p> <ul style="list-style-type: none"> • < 1 year: 183 • 1 year: 175 • 2 years: 178 • 3 years: 203 • 4 years: 222 <p>(source: US Census 2000)</p>	<p>The population of Inyo County grew older in general from 1990 to 2000, with over 19% of the total population of the county comprised of persons age 65 and over in the year 2000.</p>
<p>Based on ethnicity:</p> <ul style="list-style-type: none"> • White • Latino • Native American • Multiple races • All other 	<p>For children age 0-5</p> <p>52.3%</p> <p>28.4%</p> <p>12.6%</p> <p>5.1%</p> <p>1.6% (source: US Census 2000)</p>	<p>Hispanic and Native American residents make up a higher percentage of residents in 2000 than in 1990.</p>

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Birth rate	180 births in 2001 (source: California Department of Health Services)	There was a noticeable decline in the birth rate during the 1990's. Whereas there were 235 – 257 births per year during the early 1990's, the number of births dropped to the 190 – 200 range in each of the last few years of the decade, and reached a low of 167 births in the year 2000.
Households	In 2000, there were a total of 2,146 family households with children under 18 years. Of these, 1,415 (66%) were married-couple families, 516 (24%) were female householders with no husband present, and 215 (10%) were other forms of households. (source: US Census 2000)	Per a July 2000 HRSA Community Health Status Report, 35.7% of births in Inyo County were to unmarried mothers. Also, in 1999, 93 births or 46% of all births were funded by Medi-Cal. This is an unusually high percentage that suggests that more births are occurring in lower-income households.

Appendix 2: Community Assessment Summary

This appendix summarizes the major findings from work conducted in 2002 to better understand the conditions and challenges facing children age 0-5 and their families. The findings come from a combination of face-to-face interviews with 275 households, compilation of the key findings from 21 different studies and surveys completed in the past three years for Inyo County, and analysis of data about Inyo County from public sources such as the U.S. 2000 Census, California Department of Health Services, and California Department of Education. The analysis of community needs is organized by issue or topic area, as follows:





- Overall Priorities
 - Health
 - Education
 - Economics
 - Safety
 - Child Care and Child Development
 - Children with Disabilities and Other Special Needs

Overall Priorities

A survey funded by First 5 Inyo County and conducted by the REACH partners in 2002, asked “what does this community need to better support the healthy development of children and their family?” The priorities that emerged from 257 responses:

- More activities/programs for children – 30%
- More doctors/dentists with better access – 26%
- Child care/day care/preschools – 18%
- Better promotion of/funding for program resources – 7%
- More food, housing and job assistance – 7%
- More parental and community involvement – 6%
- All other – 6%

As a way to summarize important statistics from the rest of the community assessment, the next page contains a “dashboard” of key indicators of various aspects of health and well being for children and families. Each indicator is coded to show whether the county is doing well with the issue, a moderate level of need exists, a high level of need or concern exists, or data is inconclusive or numbers are too small to draw any meaningful conclusions.

LEGEND:  County is doing well; not a priority  High level of need or concern
  Moderate level of need  Data inconclusive / numbers too small

HEALTH

Prenatal care in first trimester
Rate: 70-74% in each year, 1997-2001



Inadequate prenatal care
Rate: 7.2% in 2001, 5.4% in 2000



Low birth weight babies
Rate: 5.1% in 2001 and 4.9% in 2000



Very low birth weight babies
Rate: 4 total in seven years, 1995-2001



Infant mortality
Rate: 9.4 per 1,000 (2 per year)



Mothers intending to breastfeed
Rate: 77.5% in 1999



Smoking during pregnancy
Rate: 10%, based on 2002 survey



Children regularly exposed to secondhand smoke
Rate: 16%-33% depending on survey



Kindergarten students needing one or more immunizations
Rate: 3.8% in 2000



Teen pregnancy
Rate: 6 in 2001 to mothers 17 & under



Health insurance
Rate: 10% of households lack coverage



Dental insurance
Rate: 15-23% households lack coverage



EDUCATION AND LITERACY

Regular reading to children
Rate: 21.6% once a week or less



4th grade reading scores
Rate: 58% countywide



High school dropout rate
Rate: 1.5% each year, 1999-2001



ECONOMICS

Unemployment rate
Rate: 4.6% in May 2002, 4.9% in 2001



Poverty rates
Rate: 20% of children 0-4 in poverty



Housing cost burden
Rate: Over 33% of households renting



SAFETY

Child abuse reports
Rate: 550 in 2001, 208 for children 0-4



Unintentional injuries
Rate: No age 0-4 fatal injuries



Domestic violence
Rate: Insufficient data to assess



CHILD CARE

Level of unmet need
Rate: Need for 30% more slots in 2000



Affordability of care
Rate: 30-66% say care not affordable



Quality of care
Rate: 15-26% concerned about quality



Health

The table below summarizes key indicators of health status for pregnant women, babies, young children, and parents.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Percentage of pregnant women entering prenatal care in the first trimester	70 – 74% in each year from 1997 – 2001. Rates are lowest among Latino women (55% in 1999) and Native American women (56% in 1999). (source: Children Now, California County Data Book 2001)	The late 1990's rates are an improvement over previous years. Rates ranged from 52% – 68% during the years 1992 – 1996. However, there has been no substantive improvement in the five years since 1997.
Percentage of mothers with inadequate prenatal care (third trimester start or no prenatal care)	7.2% in 2001 (source: California Department of Health Services)	From 1997 - 2000, 5.4% - 6.0% of all births involved late or no prenatal care. The rates are significantly higher for Native American and Latino women. Previous years were much worse, ranging from 8.3% to 10.7% from 1993 – 1996. In all years from 1993 – 2001, the Inyo County rates were substantially worse than the California averages. For example, the California average for 2001 was only 2.9%.
Low birth weight (less than 2500 grams at birth)	4.9% of births in 2000 were low birth weight and 10% of births were premature. There was only 1 very low birth weight baby over the 5-year period 1995-1999, 2 in the year 2000, and 1 in 2001. (source: California Department of Health Services)	The rates of low birth weight babies were only 6.0% in 1998, 4.2% in 1999, and 6.0% in 2000. In all years from 1998 – 2001, Inyo County's rates are better than California state averages.
Infant mortality (number of infant deaths occurring at less than 1 year old)	Rate is 9.4 per 1,000. (source: HRSA Community Health Status Report, July 2000)	Inyo County's rate is considered high; the U.S. rate is 7.2 and the Healthy People 2010 target is 4.5. However, the small numbers involved in Inyo County skew the results – just one fewer infant death would put Inyo County below the national rate.
Proportion of mothers who intend to exclusively breastfeed their infants at hospital discharge	77.5% in 1999. (source: California Maternal and Child Health Data Book)	This indicator has been steadily improving. The percentage was 73% in 1998, and ranged between 62 – 70% during the years 1994 – 1997.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Kindergarten students needing one or more immunizations	3.8% in 2000. (source: California Department of Health Services)	
Tobacco use	10% of mothers surveyed said they smoked during pregnancy (source: REACH survey, May 2002). 83% of children have not been exposed to tobacco smoke in the last 3 months (source: IMACA Head Start 2002 survey).	In a Maternal Child Health (MCH) 1999 survey, out of 110 respondents, 33% said they smoked cigarettes around children at their home or in the car, and 18% said a spouse, partner, or other person smoked around children. The 2002 IMACA findings are also consistent with an evaluation prepared for the Inyo County Tobacco Education/ Prevention Program in 2000 that said 16% of respondents had no smoking restrictions around children inside their homes.
Substance abuse	There are an estimated 1,100 recent drug users in Inyo County (source: HRSA Community Health Status Report, July 2000). 2002 data gathered by Project REACH shows 130 DUI arrests and 111 drug arrests during a recent six-month period.	In a 1999 Maternal Child Health (MCH) survey, 27% of 151 people agreed with the statement "my life has been negatively impacted by my own alcohol or other drug abuse."

Other health care and wellness issues that have been identified:

- **Health insurance.** 11.9% of children are not covered by health insurance, per the 2002 REACH survey. A Maternal and Child Health 1999 survey showed 10% of respondents with no health insurance coverage for their household; of those, 45% said they have been without insurance for less than a year. In the Head Start survey conducted by IMACA in 2002, 10% of families reported their child had no primary health coverage.
- **Access to health care services.** In the IMACA Head Start 2002 survey, the primary barriers identified to obtaining medical care in the Bishop area are having no or limited insurance (26-31%), and in Lone Pine they are transportation (23%) and language (23%). The Maternal Child Health community assessment from 1999 identified the key barriers to accessing health care as lack of insurance coverage, not having enough dental providers accepting Denti-Cal, lack of public transportation, and geography (large distances to reach services). That assessment also noted a shortage of physicians accepting Medi-Cal patients, or at least new Medi-Cal patients. 1998 data suggests that there were only 1.8 physician FTEs serving the

Medi-Cal population in the county, which translates into a population to physician ratio of 4,131:1.

- **Dental care.** A recent Healthy Families dental survey found 18.3% out of 623 Bishop respondents with no insurance (no medical or dental insurance) and another 4.7% have medical insurance but no dental insurance. 75% of the uninsured respondents were interested in dental care. These figures are consistent with the Maternal and Child Health 1999 survey showing 15% of residents had no dental insurance. The MCH survey also shows 23% of respondents had not had a dental exam for 2-5 years, and 13% had never had a dental exam. 40% said they and members of their household have not received regular dental care. By far, the two largest reasons were inability to afford dental care (41% of those not receiving regular care) and Denti-Cal not being accepted (35%).
- **Teen pregnancy.** The data is mixed in regards to teen pregnancy. On one hand, teen pregnancy is clearly a major concern of residents. 97% of 73 people in focus groups conducted by the Inyo County Health and Human Services Department feel teen pregnancy is a problem in Inyo County. There was no clear agreement among focus group participants about challenges caused by teen pregnancy but the issues most frequently noted were that teen pregnancy creates money/financial problems, starts a cycle of poverty, makes it harder to finish school, forces the parent to go to work, results in fewer career choices, and creates various other family problems. A 1999 Healthy Start survey of 87 teens said that teen pregnancy was the number one concern of teens themselves, rated as a “high” concern among all sub-groups.

On the other hand, the raw numbers do not suggest that teen births (as opposed to pregnancy) are a huge problem, and in fact the situation is steadily improving. There were only 6 births to mothers age 17 and under in 2001, down from 13 such births in 2000. The trend is clearly favorable in reducing teen births – there were 21 births to mothers age 17 and under in each of 1996 and 1997, 18 in 1998, 14 in 1999, and 13 in 2000. Teen births as a percentage of total births have declined every year since 1995 after going up every year from 1990 – 1995. Births among all teens (age 19 and under) have also been dropping as a percentage of all births, down to 23 births or 12.9% of the total in 2001.

Education

Inyo County has eight public schools with a kindergarten program, each of which have students at least through 2nd grade. The total kindergarten enrollment was 229 in 2000, 210 in 1999, and 206 in 1998, the lowest level for the entire decade.

2001 academic testing result breakdowns by elementary school, as reported to the California Department of Education:

School	API Rank (*)	STAR Reading Scores (**)
Big Pine Elementary	4	2 nd grade – 46% (13 students tested) 3 rd grade – 53% (19 students tested)
Elm Street Elementary	7	2 nd grade – 72% (116 students tested)
Lo-Inyo Elementary	4	2 nd grade – 31% (26 students tested) 3 rd grade – 15% (26 students tested)
Olancha Elementary	8	NA
Owens Valley Elementary	7	NA
Round Valley Elementary	8	2 nd grade – 45% (11 students tested) 3 rd grade – 86% (14 students tested)
Tecopa-Francis Elementary	4	NA

* This is the Academic Performance Index ranking of the school on a statewide basis, on a scale of 1 to 10 with 1 being the lowest overall ranking based on Stanford 9 or STAR test results, and 10 being the highest.

** Percentage of students in 2nd and 3rd grade who score at or above the 50th percentile on standardized reading tests. The state average is 51%, and overall county average is 64%. Schools with “NA” had too few students to produce meaningful test results.

For the county as a whole, 4th grade reading scores on the STAR test were 58% in 2001, above the state average. The median base API for Inyo County public schools is 675, which ranks 30 out of California’s 58 counties.

Other issues and indicators related to education and literacy are:

- **High school dropouts.** High school dropout rates have been 1.5% or less in each year from 1999 – 2001, which is excellent.
- **Adult reading to children.** The 2002 REACH survey revealed that in English-speaking households, regular reading (5 or more times each week) occurs in 57% of households, and on the other end of the spectrum, regular reading occurs 1 or fewer times per week in 14% of households. In Spanish-speaking households, regular reading occurs in only 20% of households and 1 or fewer times per week in 37% of households. Combining all income and ethnic groups, reading 5 or more times per week occurs in 45% of households with children age 0-5, reading 2-4 times per week occurs in 33% of households, and reading 1 or fewer times per week occurs in 22% of households.

Economics

The table below highlights characteristics of the county in terms of economic factors.

<u>Attribute</u>	<u>Profile</u>	<u>Trends and Notes</u>
Household income for families with children 0-5	<ul style="list-style-type: none"> • Less than \$15,000: 22.7% • \$15,000 - \$24,999: 27.3% • \$25,000 - \$39,999: 23.6% • \$40,000 or more: 26.4% (source: REACH survey)	US Census 2000 data for all <u>family</u> households, 1999 household income: <ul style="list-style-type: none"> • Less than \$15,000: 11.4% • \$15,000 - \$24,999: 13.3% • \$25,000 - \$34,999: 14.0% • \$35,000 - \$49,999: 16.6% • \$50,000 - \$74,999: 22.5% • \$75,000 - \$99,999: 10.3% • \$100,000 - \$149,999: 9.3% • \$150,000 and over: 2.6% <p>52% of children age 0-5 are living with working parents, defined as either a situation where both parents work or a single head of household who works. (source: REACH survey, May 2002)</p>
Poverty level	20.1% of children age 0-4 are living in poverty. (source: Children Now, California County Data Book 2001)	US Census 2000 data shows 141 family households with related children under 5 years old or 18.6% of all family households with related children under 5 years old with a total income below the poverty level. 42% of family households with related children under 5 years and a female householder with no husband present were below the poverty level.

Other issues and indicators related to economics are:

- ***Job growth and unemployment.*** Over the years 1996 – 2000, 370 jobs were added in Inyo County, representing a cumulative growth of 5.0%. The Maternal Child Health assessment from 1999 notes that since 1995, the number of jobs in Inyo County has been growing faster than the population. Unemployment rates have dropped every year since 1996, averaging 4.9% in 2001 and declining further to 4.6% by May 2002.
- ***Seasonal employment.*** It was noted by the Sierra Business Council in their 1999 *Inyo County Today* report that a moderate amount of employment, including CalTrans, the Forest Service, and many tourism-based jobs, are seasonal in nature rather than being dependable year-round sources of income for workers. The monthly unemployment rates provided by the California Employment Development Department (EDD) do not show major seasonal variations in unemployment rates,

but the EDD statistics do not show potential underemployment, such as a person leaving a full-time job for a part-time or lower-paying position.

- ***Employment status of primary caregiver for children.*** The 2002 REACH survey asked about the employment status of the primary caregiver of children age 0-5. 43% of the primary caregivers were employed full time, 26% were employed part-time, 15% were not employed and not seeking a job due to child care giving, and 16% were unemployed for other reasons.
- ***Housing.*** The data from the 2002 US Census suggests that the primary challenge of families related to housing is the cost of housing for families who rent. Of the 2,608 households occupying rental units, 33% of them spent more than 30% of their total income on rent alone. The U.S. Department of Housing and Urban Development (HUD) considers it to be a “cost burden” if more than 30% of income must be spent on total housing costs including basic utilities like electricity, gas, and water. Other potential housing problems do not appear to be a major issue in Inyo County. The rental vacancy rate was 6.9% and there were almost 800 vacant housing units in 2000, indicating that availability of housing is not a problem. Only 4.2% of all housing units had more than one occupant per room, which is how HUD defines overcrowding, and only 1.8% met the criteria for severe overcrowding of more than 1.5 occupants per room.
- ***Use of public assistance.*** Over 64% of the participants in the REACH survey are receiving some form of public assistance, most of which (81%) are participating in the Women Infants & Children (WIC) program. In 2001, there were 830 WIC participants with the Inyo Department of Health and Human Services, 53% of which are Hispanic and 41% Caucasian, plus another 174 with the Toiyabe Indian Health Project, of which 78% are Native American.

Safety

The number of child abuse reports in Inyo County has been climbing steadily since 1994. In 1999 there were 443 total child abuse reports, with 103 reports involving children age 4 and younger. In 2000 there were 467 total child abuse reports, of which 161 involved children age 4 and younger. In 2001 this grew to 550 total child abuse reports, with 208 reports related to children age 4 and younger. In all of these years, Inyo County’s rate of child abuse reports per 1,000 people was substantially above California state averages. The number of reports is the best available indicator of the actual rate of abuse and neglect, since not all reports involve actual abuse but at the same time not all actual abuse is reported. As a point of comparison, out of the 208 reports in 2001 involving children age 4 and younger, 55 were either substantiated as

actual abuse/neglect or were investigated and classified as “inconclusive” (evidence of a problem was found but abuse could not be conclusively proven or disproven).

The breakdown of child abuse reports by type of incident in 2001 was 55% neglect, 17% physical abuse, 16% mental abuse, 5% sexual abuse, and 7% other issues.

Of the 550 child abuse reports in the calendar year 2001, 418 or 76% were in the North County, 70 or 13% were in South County, 15 or 3% were in Death Valley, Tecopa and Shoshone, and 47 or 9% were out-of-county reports. 15 of the reports (3%) involved children less than 1 year old and another 187 (34%) involved children ages 1-4.

There were no reported fatal injuries to children under age 5 in the four-year period 1997 – 2000.

The available information on domestic violence issues is unclear. The Maternal Child Health 1999 survey results state that 55% of respondents agreed with the statement “I have been hit or physically hurt by a person in my past or present home” and 45% agreed with the statement “I have felt threatened or afraid of my current or past partner.” However, it is unclear what percentage of the responses involve situations that are recent enough within Inyo County (as opposed to some other time in their lives that may be many years ago) to constitute a current problem with domestic violence in the county.

Child Care and Early Childhood Education

The table below highlights key characteristics related to the availability of child care within Inyo County.

Average annual cost of full-time, licensed care in a center for an infant up to 24 months	\$9,737
Care for two children as % of median income	45%
Average salary of child care workers	\$16,140 for a child care worker and \$20,090 for a preschool teacher. This compares to a \$23,835 entry-level salary for a public school teacher. (source: 1999 California Child Care Portfolio)

Number of child care slots for children 0-5:

- Center-based care for infants/toddlers 24 slots
- Family child care homes for infants/toddlers 84 slots
- Total slots – infants and toddlers 108 slots
- Preschools and general child care centers 375 slots
- Family child care home slots, ages 3-5 112 slots
- Total slots – preschool age 487 slots *(note: 44% of these – 212 slots – are open full-day and the rest are part-day slots)*
- Total number of slots available, age 0-5 595 slots
(all figures as of October 2002)

Unmet need

The most recent estimates are that the need for child care slots is 30% greater than current capacity. There were 219 people on waiting lists for subsidized care. In a 2001 survey conducted by the Inyo County Child Care Planning Council, 67% of licensed family day care providers and 13% of child care centers surveyed have a waiting list

Care available during non-traditional hours

In 1999, no care was available in licensed and license-exempt centers during non-traditional hours. In 2000 and 2001, evening and weekend care capacity represented 16 total slots, of which 4 served birth to two-year-olds. In 2002, only one provider offered care on weekends and evenings with 3 slots birth to three years and 3 more slots for preschool age children.

Other issues and indicators related to child care are:

- ***Types of child care being used.*** Per the 2002 REACH survey, 46.5% of children age 0-4 are receiving child care in a licensed setting (day care, preschool, or child care center) and the other 53.5% are in various forms of informal care. The breakdown of informal care is: 17.7% of children receive care in the child's home by a family

member, 17.7% receive care outside the child's home by a non-family and non-licensed individual care provider, and 18.1% receive care outside the child's home by a family member. The Inyo County Child Care Planning Council survey from 2001 noted that 13% of children age 0-4 are cared for by a sibling under 18 years of age.

- ***Overall capacity of child care services.*** The "2001 Child Care Portfolio" published by the California Child Care Resource and Referral Network reports "the licensed child care supply [in Inyo County] meets only 30% of the estimated need for licensed care for children of all ages." Data from the Local Child Care Planning Council also indicates that there is a 66% gap between the available child care service dollars and the amount of funding necessary to meet the child care need countywide.

As one indicator of the need for greater service capacity, a recent breakdown of the capacity of Head Start programs serving income-eligible children ages 3-5 compared to the total number of eligible children showed:

- Bishop: 134 eligible children, 100 center-based slots available
 - Big Pine and Independence: 14 eligible, 0 slots
 - Lone Pine: 28 eligible, 16 center-based slots
 - Cartago, Olancho, Keeler and Darwin: 8 eligible, 5 home-based slots
 - There are a total of 213 children eligible for Early Head Start in Inyo County.
 - The Indian Head Start center in Bishop serves 60 children from the Bishop and Big Pine communities.
- ***Care for children with special needs.*** Per the Inyo County Child Care Planning Council survey from 2001, 10% of respondents have children with special needs. 17% of family care homes and 37% of child care centers said they were capable of caring for children with severe special needs. The major barriers to providing care for children with special needs are staffing levels, training, and safety, insurance and liability concerns.
 - ***Care for sick children.*** The Child Care Planning Council survey also showed that 50% of providers will accept mildly ill children, but none will accept these children who are not currently enrolled in their home.
 - ***Ranking of challenges and concerns related to child care.*** The Child Care Planning Council survey conducted from December 2000 to June 2001 had 174 respondents. Their ranking of the most significant difficulties in obtaining child care was:
 - 30% - costs too much
 - 26% - concern for quality of care available
 - 25% - no care available when needed
 - 7% - no care available in area of family

- 6% - care not available for child's age group
- 6% - transportation issues

Regarding the availability of high quality, affordable child care, the 2002 REACH survey produced the following results: 38% of respondents said child care was both available and affordable, 24% said it was available but not affordable, and 38% said it was neither available nor affordable. The challenges appear to be much greater for Spanish-speaking households; over 49% of these respondents said care was neither available nor affordable, and only 21% said care was both available and affordable.

In the Maternal Child Health (MCH) 1999 survey, 15% of respondents expressed concern over the quality of care available, 12% said child care costs too much, and 10% said no care was available in their area.

Children with Disabilities and Other Special Needs

“Special needs” refers to persons who have a disabling condition such as autism, deaf-blindness, hearing impairments, mental retardation, speech or language impairments, orthopedic impairment, learning disabilities, traumatic brain injury or serious emotional disturbance.

In 2000, as reported to the California Department of Education, there were 60 children in Inyo County age 0 through 4 defined as having special needs. Almost all of these children – 52, or 87% of the total – have speech or language impairments as opposed to any other issue or need. As of 1998-99, 23 children age 0-5 were classified as being severely disabled and an additional 41 children 3-5 classified as having other special needs.